



Richland County Business Service Center

2020 Hampton Street, Suite 1050
 P.O. Box 192
 Columbia, SC 29202

Phone: (803) 576-2287
 Fax: (803) 576-2289
bsc@richlandcountysc.gov
www.richlandcountysc.gov/bsc

CLEARANCE FORM

- This form documents that a business has received all necessary approvals and met all necessary requirements to operate each type of business activity. Approvals needed depend upon business location, type, and use.
- ***It is a business' responsibility to obtain all necessary approvals – a local contact is required.*** (Booth renters do not need to use this form.) Complete one form for *each* business activity.
- **Email** the completed form, as a single PDF document, to the Business Service Center. NOT ACCEPTED: e-mailed pictures of the form, emailed with other forms, faxes, or mailed forms.
- A **\$26.33** Zoning fee, with any other applicable fees/taxes, will be required after returning each Clearance Form. (Staff will notify you of the total amount to be paid before your business license will be issued.)
- **All** approvals must be obtained and requirements met **before** a business license will be issued.

For Citizens: STEP 1 – Complete all information below (and top of Page 2).

Select Reason(s) for Completing Form:

- New business or Existing business
 - Change in physical location/address
 - Change in or Addition of Business Activity/Use
 - Change in Ownership
 - Internal staff review to verify compliance

Select Structure Type:

- Residence (Home-based business)*
- New Commercial**
- Existing Commercial

* Home-based businesses must complete a *Home Occupation application*. (Available [here](#).)

** If in a new commercial structure, a copy of the CO is needed to continue the business license application process. (You may request a copy by e-mailing the [Building Inspections Division](#).)

Business Information (All fields are required.)

- Business (Corporate) Name: _____
- Doing Business As (as seen by public): _____
- Business Location (*suite*, street, *CITY*, *ZIP*): _____
- Mailing Address: _____
- Is this an IRS 501(c) tax-exempt organization? Yes, Section # _____ No
- Tax Map #: _____ (Leave blank – staff will look up this number for you.)

Certification of Business Activity Failure to initial will result in a denied application.

By initialing below, you attest (1) to the accuracy of your responses, (2) that you understand the terms and definitions used, (3) that you have emailed any questions of the appropriate staff, and (4) that you agree to fully comply with the requirements indicated on this form. (Code Section 26-22 addresses sexually oriented business requirements.)

- SPECIFIC** Business Activity: _____ 2017 NAICS Code: _____
 (See the NAICS [website](#).) **I understand and agree to comply with the requirement that no other business activity is permitted unless approved in advance with a Clearance Form.** **INITIAL:** _____
- Are *any other* business activities occurring at or planned for this location? Yes* No
 * If yes, another Clearance Form **must** be completed for each activity occurring or being planned.

Local Contact Person

Printed Name: _____ Title: _____
 Work # _____ Cell # _____ Home #: _____
 E-mail: _____

Person Completing Form

Printed Name: _____ (Typed name represents signature)
 Title: _____ Date: _____
 Work # _____ Cell # _____ Home #: _____
 E-mail: _____

STOP! Email this form to bsc@richlandcountysc.gov. Staff will indicate which requirements below apply to your business and will email this form back to you.

STEP 2

Initial your acknowledgment of these requirements. Complete these forms or requirements ***only after obtaining Zoning approval.*** Unique business activities may have other requirements not shown here.

Requirements					
County Forms provided <u>to YOU</u> (to return)		Applies	N/A	Customer Initials	Returned to BSC
1.	Application for New Business License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	Change of Address Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Change of NAICS Code Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	Declaration of Qualifications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.	Hazardous Materials Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6.	Hospitality Tax Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Hospitality Tax Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.	Local Accommodations Tax (New BL App)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.	Peddler’s License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.	Pet Breeders License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.	Precious Metals Permit Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12.	Certificate of Occupancy (CO) copy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<u>Other documentation required FROM YOU</u>					
13.	SC DHEC: licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.	SC DOR: Alcohol/Liquor License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15.	SC DOR: Retail License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	SC DOR: Wholesale License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.	SC DSS: Registration (copy)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.	SC LLR: occupational licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19.	IRS: 501(c) documentation (IRS letter)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Printed Name of BSC employee: _____ Date: _____

STEP 3

Email this form to the divisions indicated with a **in the order that they appear** for approval.

Zoning Division devservices@richlandcountysc.gov 803-576-2180

Name of employee receiving form: _____ Date: _____

- For existing commercial: the location's prior use is: Unknown Same as proposed

Different: _____

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments:

Please contact _____ at _____ for more information.

Building Inspections devservices@richlandcountysc.gov 803-576-2169

Name of Employee receiving form: _____ Date: _____

Contractors' SC LLR license obtained: N/A Yes # _____ No (State _____)

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments:

Please contact _____ at _____ for more information.

Fire Marshal firemarshal@richlandcountysc.gov 803-576-3400

Name of Employee receiving form: _____ Date: _____

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below, or see the Fire Marshal's report.

Comments:

Please contact _____ at _____ for more information.

Sheriff's Department CaSmith@rcsd.net cc: hpolis@rcsd.com 803-576-3000

Name of employee receiving form: _____ Date: _____

Comments below provided by: Printed Name _____ Date: _____

Comments:

Please contact _____ at _____ for more information.

DHEC: Bureau of Environmental Health Services

Both helzernw@dhec.sc.gov and reedwy@dhec.sc.gov 803-896-0620

Documentation showing DHEC approval must be emailed with your license application.

DHEC: Health Licensing

803-545-4370

Documentation showing DHEC approval must be submitted with your license application.

DSS: License/Registration

April.McDaniel@dss.sc.gov or Melissa.Outen@dss.sc.gov 803-898-9001

Businesses caring for children may be required to be licensed or registered with DSS.
(See State Code Section 63-13-10 et. seq. for more information.)

STEP 4

Email all pages of the completed Clearance Form (in a single PDF file) with all necessary forms and documentation indicated in **STEP 2** to the Business Service Center. (Staff will notify you of the total amount to be paid before your business license will be issued).

- Only checks are accepted at this time due to the County's closing to the public.

Business Service Center

bsc@richlandcountysc.gov

803-576-2287

Name of employee receiving form: _____ Date: _____

- All required information has been completed. **(STEP 1)**
- Any other business activities also have approved Clearance Forms. **(Question 8)**
- All required documents have been emailed with the Clearance Form. **(STEP 2)**
- All spaces for initials have been initialed. **(Steps 1 and 2)**
- All necessary approvals have been received and signed without conditions. **(STEP 3)**
- The Zoning Review Fee and any other required fees/taxes have been paid.

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments: _____

Please contact _____ at _____ for more information.